

## INDIVIDUAL NROTC EDUCATION PROGRAM COST

NAME		SSN -   -	DATE ENROLLED
NROTC UNIT			
TERM		DATES (From and To)	
TUITION/FEES	BOOKS	LAB EXPENSES	TOTAL

I have reviewed these costs and acknowledge they have been paid in my behalf.

SIGNATURE			DATE
TERM		DATES (From and To)	
TUITION/FEES	BOOKS	LAB EXPENSES	TOTAL

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